CLINICAL NOTES, CASE REPORTS AND NEW INSTRUMENTS

CLINICAL THERMOMETER TIP IN BRONCHUS

By WALLACE BRUCE SMITH, M. D.
(From the Department of Otolaryngology, University of California Hospital)

The following case of foreign body in the bronchus is interesting from several aspects: its accidental discovery; its location in one of the very small bronchi, the x-ray showing it below the dome of the diaphragm; the patient's unusual operative history; and the manner of its acquisition, as it was either bitten or broken off and aspirated. The unreliability of the patient's statements make it impossible to determine when the accident occurred. Her experiences in several different hospitals make it impossible to check back with the nurses to discover the incident of the bitten or broken thermometer, or indeed that the accident did not occur in the patient's home.

Widow, 24 years, American. Admitted to hospital June 8, 1926.

Previous entries:

1. 11-30-25. External strabismus, pyelitis.
2. 2-8-26. Pelvic complaint.

Past operative procedures:

1. Appendectomy, Aet. 14.
2. Tonsillectomy, Aet. 14.
3. Suspension and puncture of ovarian cyst, Aet. 19.
4. Right salpingo-oophrectomy, Aet. 21.
5. Cholecystectomy, Aet. 23.
6. Correction of external strabismus, Aet. 24.
7. Panhysterectomy and left salpingo-oophrectomy, Aet. 24.

May 26, 1926—X-ray of chest. "There is a foreign body in the right lower lung field." (This was found during the routine examination, and not found as the result of complaint by the patient nor as the result of any physical findings.)

May 27, 1926—X-ray (G. I. series). "In the right lower lung field is a shadow of metallic density about 3 cm. in length."

C. C.—"Foreign body in lung." Afternoon temperature. Pain in midline above umbilicus after eating.

P. I.—Pain in abdomen one-half to one hour after eating. Relieved by soda or food. Dry cough during the last two months. Occasional itching sensation at the right lung base accompanying respiration. Afternoon temperature of 99 to 100 degrees F. since February, 1926.

P. E.—Chest—Expansion equal and symmetrical. Fremitus, normal. Resonance, good. Diaphragmatic excursion, 3.2 cm. on both sides, but is 2 cm. higher on the right side. Breath sounds arevesicular throughout. Whispered and spoken voice, well within the limits of normal. No rales heard.

June 11, 1926—X-ray of chest (stereo.). "The chest is negative except for a foreign body which lies in the posterior portion of the right lower lung field in the same position as when seen on May 26, 1926."

June 14, 1926—Hospital course: Patient is complaining of "night sweats."

June 19, 1926—Complaint of "night sweats" not verified by the nurses. Patient was apprehended wilfully falsifying her temperature by placing the thermometer against a hot water bag. Patient is subject to changing complaints.

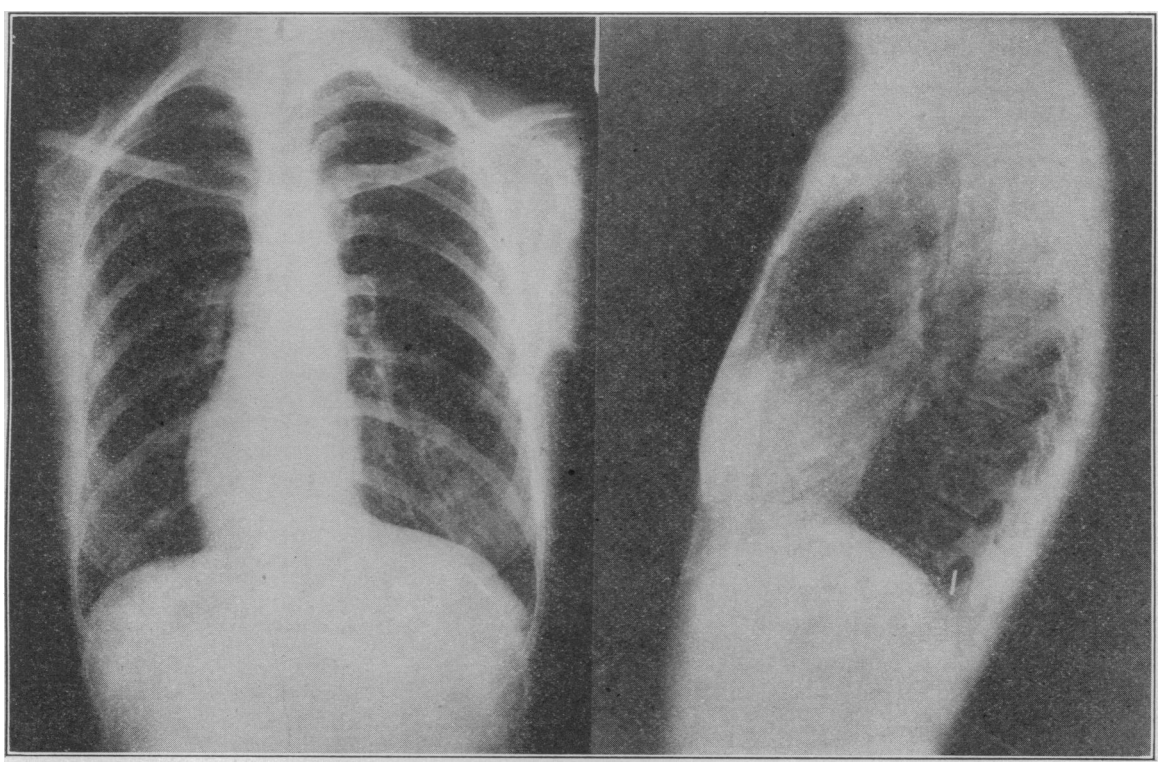
June 24, 1926—Morphin sulphate, gr. ¼ and scopolamin, grs. 1/100 (H). To surgery one hour later. Larynx cocainized. Patient put in left lateral recumbent position. No. 2 Bruning's bronchoscope used. Foreign body visualized in a tertiary bronchus and removed. It proved to be the mercury bulb of an ordinary thermometer.

June 26, 1926—Patient improved. Some pain in the right chest.

June 29, 1926—Discharged.

SUMMARY

1. The foreign body was accidentally found during the routine x-ray examination of the chest.
2. The presence of the foreign body caused no un-



toward symptoms which might attract attention to its presence.

3. Is definitely known that the foreign body resided in the bronchus for thirty days (May 26 to June 24).

4. There was no inflammatory reaction about the foreign body.

5. The patient denied all knowledge of time or place in regard to the aspiration of the thermometer tip.

THE SWALLOWING OF A FULL-SIZED TOOTHBRUSH

REPORT OF A CASE FROM THE LOS ANGELES GENERAL HOSPITAL

By CLARENCE A. JOHNSON *

This case is reported because of the unusual accident. On June 14, 1926, Mr. A. F., 49 years, entered the Los Angeles General Hospital with a letter from a police surgeon relating that "the bearer swallowed a toothbrush, and being unable to obtain the proper equipment for its removal, I am sending the man to you."

The patient gave a history of having swallowed a toothbrush a few hours before, stating that while he was scrubbing his "tonsils" with the toothbrush, it slipped from his grasp and was swallowed. According to the patient, "several doctors attempted to remove this foreign body but were unable to do so."

The patient gives a history of considerable pain in the throat and under the sternum for about three hours after this accident, after which he described an epigastric distress and burning which lasted one and one-half hours.

Fluoroscopic examination soon after his entrance to the hospital showed no obstruction in the esophagus, or the presence of a foreign body in the gastrointestinal tract.

I saw this patient about four hours after he had swallowed the toothbrush, and suggested that the esophagoscope be used, but none was obtainable at that time. I then accompanied the patient to the fluoroscopic room where I observed the barium pass through the esophagus into the stomach without any apparent obstruction.

The patient's right leg had been amputated just above the knee, and the fourth and fifth fingers of the left hand were also missing which, together with the type of patient, led me to suspect that possibly the act had wilfully been committed in order to secure hospitalization, or that he had not even swallowed a toothbrush. However, his discomfort in stomach and some dyspnea was convincing to me that there was a foreign body in the upper gastrointestinal tract.

There was nothing in the physical findings of any interest excepting a slight distress in the abdomen and some tenderness in the region of the pylorus about six hours after the swallowing of the brush.

After several consultations during the next two or three days, with suggestions from catharsis to dough, and other coarse foods, barium was administered with the hope that some of the meal might find lodgment in the meshes of the brush and thus be revealed in an x-ray picture; but at no time was there a shadow of any foreign substance.

On June 21 operation was performed, with the following report: "A midline incision slightly to the left and above the umbilicus was made; after opening the peritoneum and packing off the intestine, the stomach was brought up and the handle of the toothbrush was readily palpable, with the bristle end fast in the pylorus. A chromic suture was purse-stringed into the stomach on its outer margin five inches from the pylorus, and a small incision made sufficient to bring the handle through, and slightly enlarged to allow the bristle end to be drawn out. After the toothbrush was removed by forceps, the purse-string was drawn and the edges inverted by a second layer of Lembert suture, and the abdomen closed without drainage."

The pathologist reported the specimen to be a toothbrush with a handle 15½ centimeters in length. The patient made an uneventful recovery, and was discharged from the hospital on the nineteenth postoperative day.

* **Clarence A. Johnson** (523 West Sixth Street, Los Angeles). **M. D.** Rush Medical College, 1910; **A. B.** Washburn University, 1906; **F. A. C. S.**, 1925. Intern Kansas City General Hospital, June, 1910 to June, 1911; house surgeon, Kansas City General Hospital, June 1911-12; Rush Medical College, 1913; Mayo Clinic, 1918. **Previous honors:** Resident pathologist, Los Angeles General Hospital, November, 1914 to November, 1916; Captain and Major Medical Reserve Corps, 1918 to date. **Hospital connections:** Los Angeles General Hospital, Hollywood Hospital, and Methodist Hospital surgical staff. **Scientific organizations:** Los Angeles County Medical Association, A. M. A., F. A. C. S., Los Angeles Surgical Society. **Present appointments:** Senior surgeon, Los Angeles General Hospital; assistant professor, College of Med. Evangelists; Major Medical Reserve Corps as operating surgeon, Sixty-Seventh Surgical Hospital. **Practice** limited to Surgery since 1918. **Publications:** "Wassermann Test," M. Rec.; "Schick Test," M. Rec.; "Tubercular Cecal Tumor," California and West. Med.

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ABSORPTION OF SUBCUTANEOUS FAT DEPOSITS AT SITE OF REPEATED INSULIN INJECTIONS

REPORT OF CASE

By ROLAND A. DAVISON *

Major, Medical Corps, United States Army; Medical Service, Letterman General Hospital, San Francisco

SINCE the introduction of insulin for use in treatment of diabetes mellitus, numerous workers have reported sensitization phenomena, including urticarial wheals and indurations at the site of subcutaneous injections, serum sickness, and general anaphylactic symptoms. Williams,[1] Geyelin,[2] Wilder,[3] Gibson and Larimer,[4] Raynaud and La Croix.[5]

Joslin,[6] Lawrence,[7] and Campbell [8] describe the

* **Roland A. Davison** (Letterman General Hospital, San Francisco). **M. D.** Long Island College Hospital, Brooklyn, N. Y., 1914. Graduate, Army Medical School, Washington, D. C., 1920. **Graduate study:** Intern, Long Island College Hospital, 1913-16; research associate, Trudeau Sanatorium, N. Y., 1916; assistant resident and instructor in Internal Medicine, L. I. C. H., 1917; entered military service as Lieutenant M. C., July, 1917. **Present hospital connections:** Chief, Division of Gastroenterology and Metabolism, Letterman General Hospital, San Francisco. **Scientific organizations:** Fellow, A. M. A. **Present appointments:** Major, Medical Corps, U. S. Army. **Practice** limited to Medicine since 1919.